

**INSURANCE PREMIUMS
TAX RETURN**

CAPTIVE INSURER

**For Calendar Year 2003
Return Due March 1, 2004**

FOR OFFICIAL USE ONLY

$\frac{3}{\text{Tax}}$ $\frac{2}{\text{Year}}$ / $\frac{2}{\text{Tr.}}$ $\frac{0}{\text{Tax}}$ $\frac{0}{\text{Year}}$ $\frac{3}{\text{Tr.}}$ / $\frac{1}{\text{Tax}}$ $\frac{1}{\text{Year}}$ $\frac{1}{\text{Tr.}}$

FEIN _ _ - _ _ _ _ _

NAIC/
TAX ID ☐ ☐ ☐ ☐ ☐

Company Name

Home Office Address (Number and Street)

Mailing Address (Post Office Box)

Telephone Number

City

State

ZIP Code

TAX DUE—CAPTIVE INSURANCE TAX (Kentucky Revised Statutes 304.49–220)

A. Insurance Premiums		
1. Total premium receipts		
2. Returned premiums		
3. Net premium receipts (subtract line 2 from line 1)		
Computation of Tax		
A. .4% on the first \$20 million of premium receipts		
B. .3% on the next \$20 million of premium receipts		
C. .2% on the next \$20 million of premium receipts		
D. .075% on each dollar of premium receipts thereafter		
E. Total tax on premium receipts		(A)

B. Assumed Reinsurance Premium Receipts

No reinsurance premium tax shall be payable in connection with the receipt of assets in exchange for the assumption of loss reserves and other liabilities of another insurer under common ownership and control if the transaction is part of a plan to discontinue the operations of the other insurer, and if the intent of the parties to the transaction is to renew or maintain the business with the captive insurer.

Computation of Tax		
A. .225% on the first \$20 million of assumed reinsurance premium receipts ...		
B. .150% on the next \$20 million of assumed reinsurance premium receipts ...		
C. .050% on the next \$20 million of assumed reinsurance premium receipts ...		
D. .025% on each dollar of assumed reinsurance premium receipts thereafter .		
E. Total tax on assumed reinsurance premium receipts		(B)

C. Total Net Tax Liability Due, add lines A and B (minimum \$5,000 due) \$

I, the undersigned, declare under the penalties of perjury, that I have examined these returns, including all accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete.

Signature of President or Chief Accounting Officer

Print Name

Date

REPORT PREPARER'S INFORMATION

Signature

Title

Date

Print Name

Telephone Number

INSTRUCTIONS

Domestic and Foreign Captive Insurance Companies

1. Complete Section A and B of insurance premiums tax return.
2. Attach copies of schedules and exhibits from Annual Statement filed with the Kentucky Commissioner of Insurance.

All Companies

1. All schedules, exhibits and itemized accounts required as supplements to this return shall be attached to, and shall become an integral part of, this return.
2. Supplements are a part of your Annual Statement. Legible reproductions are acceptable.
3. For additional information, contact the Financial Tax Section at (502) 564-4810.

MAKE CHECK PAYABLE TO KENTUCKY STATE TREASURER

MAIL TO: **KENTUCKY REVENUE CABINET**

Mailing Address: P.O. Box 1303, Frankfort, KY 40602-1303

Overnight Address: 1266 Louisville Road, Frankfort, KY 40601

